UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re:	Case No. 16-31693
YOLANDA GAIL HARRELL FENTON	
Debtor(s)	
,	

CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT

Tom Vaughn, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 10/04/2016.
- 2) The plan was confirmed on 03/27/2017.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C. \S 1329 on 01/23/2018.
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on \underline{NA} .
 - 5) The case was dismissed on 12/17/2018.
 - 6) Number of months from filing to last payment: 24.
 - 7) Number of months case was pending: <u>28</u>.
 - 8) Total value of assets abandoned by court order: <u>NA</u>.
 - 9) Total value of assets exempted: NA.
 - 10) Amount of unsecured claims discharged without payment: \$0.00.
 - 11) All checks distributed by the trustee relating to this case have cleared the bank.

Receipts:

Total paid by or on behalf of the debtor \$13,067.00 Less amount refunded to debtor \$0.00

NET RECEIPTS: \$13,067.00

Expenses of Administration:

Attorney's Fees Paid Through the Plan \$0.00
Court Costs \$0.00
Trustee Expenses & Compensation \$597.39
Other \$0.00

TOTAL EXPENSES OF ADMINISTRATION:

\$597.39

Attorney fees paid and disclosed by debtor: \$500.00

Scheduled Creditors:						
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Creditor		Claim	Claim	Claim	Principal	Int.
Name	Class	Scheduled	Asserted	Allowed	Paid	Paid
1ST MIDAMERICA CU	Unsecured	14,415.00	14,415.94	14,415.94	635.92	0.00
1ST MIDAMERICA CU	Secured	17,226.00	NA	NA	0.00	0.00
ACL LABORATORIES	Unsecured	1,443.00	NA	NA	0.00	0.00
ACL LABORATORIES	Unsecured	309.00	NA	NA	0.00	0.00
ADT	Unsecured	233.00	NA	NA	0.00	0.00
ADVOCATE CHRIST MEDICAL CENT	Unsecured	326.00	NA	NA	0.00	0.00
ADVOCATE CHRIST MEDICAL CENT	Unsecured	1,676.00	NA	NA	0.00	0.00
AM PSYCHOLOGICAL SERV	Unsecured	820.00	NA	NA	0.00	0.00
CAPITAL ONE AUTO FINANCE	Secured	25,184.00	25,037.61	25,037.61	9,125.20	1,868.02
CAPITAL ONE BANK USA	Unsecured	336.00	NA	NA	0.00	0.00
CAPITAL ONE NA	Unsecured	336.00	NA	NA	0.00	0.00
CAPITAL ONE NA	Unsecured	295.00	336.58	336.58	0.00	0.00
COMCAST	Unsecured	451.00	NA	NA	0.00	0.00
DR NORA BELLOS	Unsecured	1,300.00	NA	NA	0.00	0.00
GREAT AMERICAN FINANCE	Secured	1,397.00	1,240.55	1,240.55	0.00	0.00
GREAT AMERICAN FINANCE	Unsecured	1,397.00	NA	NA	0.00	0.00
HSN	Unsecured	772.00	NA	NA	0.00	0.00
LVNV FUNDING	Unsecured	1,611.00	NA	NA	0.00	0.00
LVNV FUNDING	Unsecured	1,538.00	1,611.51	1,611.51	71.08	0.00
MOKENA FOOT & ANKLE CLINIC	Unsecured	1,305.00	NA	NA	0.00	0.00
NISSAN MOTOR ACCEPTANCE CORP	Unsecured	12,782.00	12,782.66	12,782.66	563.87	0.00
QUANTUM3 GROUP LLC	Unsecured	439.00	439.45	439.45	15.61	0.00
QUANTUM3 GROUP LLC	Unsecured	826.00	826.42	826.42	25.82	0.00
RADIOLOGY IMAGING	Unsecured	245.00	NA	NA	0.00	0.00
SOUTH DIVISION C U	Unsecured	1,277.00	NA	NA	0.00	0.00
SOUTH DIVISION C U	Unsecured	1,277.00	1,344.04	1,344.04	59.29	0.00
SOUTHWEST OB/GYN LTD	Unsecured	300.00	NA	NA	0.00	0.00
SSM HEALTH MED GROUP	Unsecured	81.00	NA	NA	0.00	0.00
SSM HEALTH MED GROUP	Unsecured	81.00	NA	NA	0.00	0.00
SSM HEALTH/STE MARYS	Unsecured	60.00	NA	NA	0.00	0.00
SSM HEALTH/STE MARYS	Unsecured	60.00	NA	NA	0.00	0.00

Scheduled Creditors:						
Creditor	Class	Claim	Claim	Claim	Principal	Int.
Name		Scheduled	Asserted	Allowed	Paid	Paid
ST MARYS HOSPITAL	Unsecured	NA	NA	NA	0.00	0.00
VERIZON	Unsecured	2,631.00	2,631.96	2,631.96	104.80	0.00

Summary of Disbursements to Creditors:			
·	Claim	Principal	Interest
	Allowed	<u>Paid</u>	<u>Paid</u>
Secured Payments:			
Mortgage Ongoing	\$0.00	\$0.00	\$0.00
Mortgage Arrearage	\$0.00	\$0.00	\$0.00
Debt Secured by Vehicle	\$25,037.61	\$9,125.20	\$1,868.02
All Other Secured	\$1,240.55	\$0.00	\$0.00
TOTAL SECURED:	\$26,278.16	\$9,125.20	\$1,868.02
Priority Unsecured Payments:			
Domestic Support Arrearage	\$0.00	\$0.00	\$0.00
Domestic Support Ongoing	\$0.00	\$0.00	\$0.00
All Other Priority	\$0.00	\$0.00	\$0.00
TOTAL PRIORITY:	\$0.00	\$0.00	\$0.00
GENERAL UNSECURED PAYMENTS:	\$34,388.56	\$1,476.39	\$0.00

Disbursements:		
Expenses of Administration Disbursements to Creditors	\$597.39 \$12,469.61	
TOTAL DISBURSEMENTS :		<u>\$13,067.00</u>

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12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Dated: 01/25/2019 By: /s/ Tom Vaughn
Trustee

STATEMENT: This Unified Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.